The North Carolina State Bar Board of Legal Specialization PO Box 25908, Raleigh, North Carolina 27611, 919/828-4620

2006 Reference Form

Applicant's Name:
The above named attorney has applied to the North Carolina Board of Legal Specialization to be □ certified □ recertified as a specialist in the area of (hereinafter, the "Specialty").
The board requests that you evaluate the applicant's competence and qualification to become a certified specialist in a frank and objective manner. Your assistance in the reference process is a vital part of the certification process. The information you provide on this form is confidential pursuant to Rule .1720 of the Plan of Legal Specialization (27 NCAC 1D, Section .1700 which provides that the information shall be confidential so far as is consistent with the effective administration of this plan fairness to the applicant, and due process of law. The applicant has waived the right to review this reference statement Information on this reference statement will not be released to the applicant without your consent.
*Please attach additional sheets if necessary to fully respond to the questions and please type or print responses.
Please mail this completed form to the above address at your earliest convenience, preferably on or before:
☐ July 14, 2006 ☐ October 6, 2006
 Your name:
Year you were admitted to the North Carolina State Bar:
State Bar Number:
 If you are certified as a specialist in the law, state the name of the certifying organization, the date of certification, and the areas of specialization:
If you are not certified, state the areas in which your practice is concentrated:
RECOMMENDATION OPTIONS ☐ I DO recommend the above named applicant as a certified specialist who has a level of competence indicating proficient performance in handling the usual matters in this field. (You must complete the back of this form to select this option.) ☐ I do not know the applicant well enough to endorse his/her candidacy. ☐ I do not wish to comment on this applicant's candidacy. ☐ I DO NOT recommend the above named applicant as a certified specialist. (You must complete the back of this form to select this option.) ☐ Date Signature

1.	State how you know the applicant and what opportuni practice of the Specialty:			•		ence in t	
2.	Please state your opinion of the applicant's abilities in the following areas by checking the appropriate space:						
		Excellent	Satisfactory	Unsatisfactory	Unknown		
	a. Specific knowledge of the law of the Specialty.						
	b. Ability to skillfully perform techniques required by	,					
	the Specialty.						
	c. Ability to identify issues in the Specialty.						
	d. Ability to identify issues outside of Specialty.						
	e. Ability to prepare and complete matters in Specialty	у. 🗆					
	f. Reputation in legal community for ability to handle						
	matters in Specialty.						
	g. Reputation in legal community for ethical conduct.						
3.	Are you aware of any incidents, which, in your opinion	on, reflect a	dversely on th	e competence of	the applicant and in	nfluenc	
	your responses in question #2? ☐ Yes ☐ No						
4.	In your opinion, has the applicant demonstrated sufficient maturity and judgment to practice effectively in the specialty? ☐ Yes ☐ No If the answer is "no," please explain your reservations						
6.7.	Would you refer a client to the applicant or employ th ☐ Yes ☐ No In your opinion, is the applicant substantially involve time to the practice in the Specialty)? ☐ Yes Are you related by blood or marriage to the applicant? Are you now or have you ever been a partner or other	he applicant od in the pra	yourself to ha ctice of the Sp o ☐ Yes	ecialty (devotes 2 □ No	ne Specialty?	of his/l	
	☐ Yes ☐ No If yes, please give the dates:						
Ιh	ereby certify that any information given in the foregoing answers is correct and true, to the best of my knowledge.						
				,	my mic mongo.		
Da	Print or type name		Signa	ture			